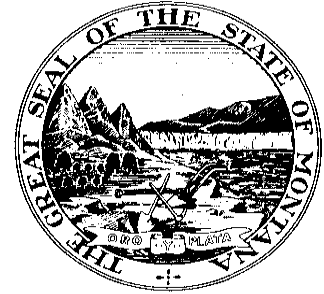


THE STATE OF MONTANA

---

COMMISSIONER OF POLITICAL PRACTICES  
1205 Eighth Avenue  
Post Office Box 202401  
Helena, MT 59620-2401  
TELEPHONE: 406-444-2942  
FAX NUMBER: 406-444-1643  
WEBSITE: [www.politicalpractices.mt.gov](http://www.politicalpractices.mt.gov)



## E-MAIL ADDRESS REQUEST

### FORM C-1 STATEMENT OF CANDIDATE

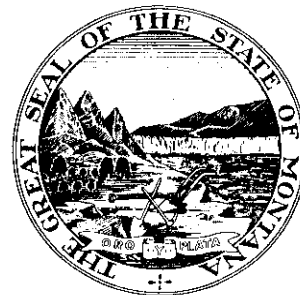
We are continuing to make efforts to reduce agency operating costs. To complement these efforts, I am requesting that each candidate filing a form C-1 Statement of Candidate provide, if available, their e-mail address and their treasurer's e-mail address. Thereafter, communications from this office will be electronic.

Thank you for your assistance.

Gordy Higgins  
Commissioner

September, 2005

COMMISSIONER OF POLITICAL PRACTICES  
1205 Eighth Avenue  
Post Office Box 202401  
Helena, MT 59620-2401  
TELEPHONE: 406-444-2942  
FAX NUMBER: 406-444-1643  
WEBSITE: [www.politicalpractices.mt.gov](http://www.politicalpractices.mt.gov)



## INSTRUCTIONS (Revised 06/03)

### FORM C-1

### STATEMENT OF CANDIDATE

#### WHO IS REQUIRED TO FILE A FORM C-1?

All candidates campaigning for statewide and state district offices must file a Form C-1.

#### WHAT INFORMATION IS TO BE REPORTED?

Pursuant to Montana Code Annotated §§§ 13-37-201, 13-37-202, and 13-37-205, the following information is required to be reported:

- full name, complete mailing address, and complete street address of the treasurer;
- full name, complete mailing address, and complete street address of any deputy treasurer; and
- full name and complete address of the depository in which the campaign account is located.

#### Please note:

- *A candidate may appoint himself or herself as the campaign treasurer or deputy treasurer. Such an appointment subsequently may be changed by filing an amended Form C-1.*
- *The treasurer of a candidate's campaign is responsible for keeping detailed accounts of all contributions received and expenditures made by the campaign.*
- *The treasurer of a candidate's campaign is the individual to whom correspondence and notices will be sent unless the Commissioner's office is otherwise directed.*

#### WHEN MUST A FORM C-1 BE FILED?

Form C-1 must be filed within five (5) days after receiving or spending money, appointing a campaign treasurer, or filing for office, whichever occurs first.

#### WHERE MUST A FORM C-1 BE FILED?

- One copy is to be filed with the Commissioner of Political Practices at the address above. The report may be faxed provided the original report is submitted to the Commissioner immediately thereafter. The Commissioner's fax number and mailing address are provided above.
- One copy is to be filed with the Election Administrator of the candidate's resident county.
- One copy is to be retained for the candidate's records.

COMMISSIONER OF POLITICAL PRACTICES  
 1205 Eighth Avenue  
 Post Office Box 202401  
 Helena, MT 59620-2401  
 TELEPHONE: 406-444-2942  
 FAX NUMBER: 406-444-1643  
 WEBSITE: [www.politicalpractices.mt.gov](http://www.politicalpractices.mt.gov)

**FORM C-1** (Revised 06/03)**STATEMENT OF CANDIDATE**

TO BE FILED by CANDIDATE FOR STATEWIDE OR STATE DISTRICT OFFICE

ORIGINAL FILING ☐ AMENDED FILING ☐

TYPE OR PRINT IN INK ALL INFORMATION WITH EXCEPTION OF SIGNATURE

**CANDIDATE**

FULL NAME \_\_\_\_\_

E-MAIL ADDRESS (Please Print) \_\_\_\_\_

COMPLETE DESCRIPTION OF OFFICE SOUGHT \_\_\_\_\_

PARTY AFFILIATION, if any \_\_\_\_\_ COUNTY OF RESIDENCE \_\_\_\_\_

COMPLETE MAILING ADDRESS \_\_\_\_\_  
(Including City, State, Zip Code)COMPLETE STREET ADDRESS \_\_\_\_\_  
(Including City, State, Zip Code)CONTACT NUMBERS: \_\_\_\_\_  
Home Telephone Number Work Telephone Number Facsimile Number**CAMPAIGN TREASURER** (Must be registered to vote in Montana)

FULL NAME \_\_\_\_\_

E-MAIL ADDRESS (Please Print) \_\_\_\_\_

COMPLETE MAILING ADDRESS \_\_\_\_\_  
(Including City, State, Zip Code)COMPLETE STREET ADDRESS \_\_\_\_\_  
(Including City, State, Zip Code)CONTACT NUMBERS: \_\_\_\_\_  
Home Telephone Number Work Telephone Number Facsimile Number**DEPUTY TREASURER, if any** (Must be registered to vote in Montana)

FULL NAME \_\_\_\_\_

E-MAIL ADDRESS (Please Print) \_\_\_\_\_

COMPLETE MAILING ADDRESS \_\_\_\_\_  
(Including City, State, Zip Code)COMPLETE STREET ADDRESS \_\_\_\_\_  
(Including City, State, Zip Code)CONTACT NUMBERS: \_\_\_\_\_  
Home Telephone Number Work Telephone Number Facsimile Number**CAMPAIGN ACCOUNT INFORMATION**

FULL NAME OF BANK \_\_\_\_\_

COMPLETE ADDRESS \_\_\_\_\_  
(Including City, State, Zip Code)**CERTIFICATION:** *I hereby verify that the foregoing statements are true and correct.*\_\_\_\_\_  
 Candidate's Signature\_\_\_\_\_  
 Date